

SAINT FRANCIS HOSPICE

POLICY/PROCEDURE:	BLOOD TRANSFUSION POLICY
Department: Clinical	Originator: Yvonne Dickens Nia Ellis
Applicable to:	Nurse/Doctors
Purpose of the document:	To ensure safe policy and practice when administering blood transfusions
Who was consulted:	Dr Corinna Midgley (Acting Medical Director) Jane Sutherland (Director of Patient Services) Mel Fry (Community Services Manager)
Approved by:	Dr Corinna Midgley, (Acting Medical Director)
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Reviewed by: Cecelia O'Keeffe Sue Lakey Dr Marie Greene Dr Trish Sealy	(Day Hospice Manager) (Ward Manager) (Staff Grade Doctor) (Specialist Registrar)
<u>Circulation list – to receive revisions</u>	Inpatient Unit Community Services Day Hospice Education Centre

POLICY ON GIVING BLOOD TRANSFUSIONS IN ST FRANCIS HOSPICE

Policy statement:

The role of this policy is to help the clinical team clarify which patients may benefit from blood transfusion and how to monitor the outcome. It also describes the procedure in detail.

1. Indications for blood transfusions;
 - a) symptoms of chronic anaemia e.g. dyspnoea, fatigue.
 - b) acute blood loss e.g. haemorrhage
 - c) pre-chemotherapy or radiotherapy
2. Ideally patients should be transfused up to the normal Hb range (i.e. 11-13g/dl).

Day Hospice

- a) *The day hospice is limited to a maximum of 2 units per day and, therefore, a decision as to how many units should be given needs to be made individually according to the level of anaemia, the likely cause and the symptoms experienced by the patient.*
 - b) *If a transfusion of more than 2 units is needed, the patient will have to attend the Day Hospice on two consecutive days, or be admitted to the inpatient unit.*
 - c) *If the transfusion has not been completed before the staff leave the day hospice, the patient should be discussed with the inpatient unit staff and transferred for their supervision.*
3. Information to be documented before blood transfusion should include indications for the blood transfusion, current symptoms, previous blood transfusions/ transfusion reactions and whether previous transfusions have been helpful.
4. A doctor must be available on the hospice site for the commencement and at least the first 20 minutes of each unit.
5. Each unit of blood should be given in 2½ - 3 hours. If it has not been completed within 4 hours that unit should be discontinued.

6. The total transfusion should be completed within 48 hours of the first unit.
7. All details of the transfusion should be documented on the transfusion record sheet held in the patients notes.
8. Any reactions to a blood transfusion should be reported to the medical staff who will decide what action, if any, needs to be taken.
9. Emergency drugs will be kept available for administration in the event of any serious reaction following discussion with the doctor. These should include Piriton, 10mg IV, Hydrocortisone 100mg IV, and Adrenalin 1:1000 IM.
10. Diuretics are not routinely given during a blood transfusion, but should be considered if the patient has any clinical evidence of heart failure. One Frusemide tablet, 40 mg, is the drug of choice in such situations.
11. Blood is currently provided by the Transfusion Department at Harold Wood Hospital. Arrangements for transporting blood should be made with the Transport Co-ordinator, who will arrange for a volunteer to collect the blood.
12. Arrangements should be made, ideally with the referring party, for assessment between 5 and 7 days after the transfusion to assess whether it has been beneficial i.e. improvement in symptoms, need for a further Hb check, ongoing monitoring, etc.

PROCEDURE

1. The blood is transported to the hospice in a blood cool box. This is only to be opened when removing each unit to ensure that the correct temperature is maintained. Transfusion should commence within 30 minutes of removal of the unit of blood from the cool box.
2. The blood transfusion record sheet should be completed. This is also the prescription sheet for the transfusion.
3. The following details should be checked at the patient's bedside/chair by two qualified staff (one of whom may be a doctor) for accuracy, using the patient's records, unit of blood, blood tag and patient identification bracelet.
 - Patient's full name
 - Date of birth
 - Hospice record number
 - Blood group
 - Blood unit number
 - Expiry date
4. To ensure correct patient identification, the identification bracelet should contain: patient's full name, date of birth and hospice record number.
5. If there are any discrepancies, contact Blood Transfusion at Harold Wood Hospital to discuss.
6. Observations
 - a) A baseline observation of Blood Pressure, Temperature, pulse and respirations to be recorded before the transfusion commences.
 - b) The nurse/doctor to stay with the patient for the first 15 minutes of the transfusion.
 - c) Record observations at 15 minutes from commencement. Severe reactions usually occur within the first 15 minutes.
 - d) Continue observations if there is a discrepancy.
7. This procedure will be carried out with each subsequent unit of blood.
8. Staff will check the patient and infusion rate throughout the transfusion.

9. Any adverse reaction **must be reported immediately to medical staff** e.g.

Temperature – in excess of 1.5°C higher than at the commencement of transfusion

Shivering

Rigor

Rash

Flushing

SOB

Pain in extremities or loins

10. At the end of the transfusion the line should be flushed with 10-20mls of normal saline and the IV discontinued.

11. On completion of transfusion final observations should be recorded prior to the patient going home (day hospice patients and those being discharged home immediately following transfusion).

NAME	DATE OF BIRTH:	DIAGNOSIS:	HOSPICE NO.
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**SAINT FRANCIS HOSPICE
BLOOD TRANSFUSION RECORD SHEET**

Date: Pre-Transfusion Assessment: Assessor's Name:

Hb g/dl Previous transfusion Y / N Transfusion Reactions Y / N

Indication for Transfusion:

Infusion Record

Date	Fluid	Duration	Doctor's signature	Commenced Name/Signature	Finished Name/Signature	Special Instructions

Problems during transfusion/comments:

Post-transfusion assessment (5-7 days after) Date: Assessor's Name:

Hb g/dl – if not repeated – why not?

Symptoms improved Y / N Comments:

Is it appropriate to consider further transfusions? Y / N Rationale for decision:

Arrangements for further follow-up:

Date: Hb g/dl Date: Hb g/dl